STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495416	A. BUILDING 01 - MAIN BUILDING B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBY PONDS INC	21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor: 27182 TYPE OF STRUCTURE: Four-story non-combustible construction. Building Type II (222). Residents are located on floor 1. The building was provided with a full (wet) sprinkler system. An unannounced recertification LSC survey was conducted on 05/31/2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed using the LSC 2000 Existing regulations. The facility was not in compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Federal Regulations, 483.70 (a) et seq (Life Safety from Fire)	K 000		
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is so arranged that exits are readily accessible at all times in accordance with 7.1. 18.2.1, 19.2.1 This Standard is not met as evidenced by: Surveyor: 27182 Based on observation the facility failed to ensure that the means of egress is readily available at all times. This deficient practice could affect occupants in two smoke compartments. The Findings Include: On 5/31/2016 during the walking tour from approximately 10:45 AM to 11:10 AM it was observed that five marked exit doors with special locking arrangements - delayed egress feature the posted signage indicated at 15 second delay.	K 038	K 038 - Plan of Correction 1. Identified deficiency corrected on 5/31/16. Signage modified to display 30 second delay. 2. All delayed egress doors checked and signage modified to display 30 second delay. 3. Signage changes will be included in any future "door operation modification" project. 4. Delayed egress signage will be audited quarterly for one year to ensure signage matches door operation. Corrective action will be initiated for any variances and findings will be reported to PIRMS/QA/QI. 5. Corrections completed 5/31/2016	5/31/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Amy Grossman LNHA Administrator, Director of Continuing Care 6/17/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495416	A. BUILDING 01 - MAIN BUILDING B. WING _____	05/31/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBY PONDS INC	21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147

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K 038	Continued From page 1 When the operation of the the door was demonstrated the delay was 30 seconds.	K 038		
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This Standard is not met as evidenced by: Surveyor: 27182 Based on review of records and interview the facility failed to ensure its emergency generator and essential electric system was tested and maintained properly. This deficient practice has the potential to affect all occupants. The Findings Includes: On 5/31/2016 at approximately 11:23 AM documents related to the emergency generator and essential electrical system were reviewed. The documentation revealed that the facility was not exercising its generator under a load that is equal to 30% of its rated load monthly. Additionally there was no documentation of a annual load bank test for the last 12 months.	K 144	K 144 - Plan of Correction 1. Generator annual load bank testing was completed on 6/1/2016. 2. This is the only generator serving the building. 3. Annual load bank testing is included in the Facilities Management Preventive Maintenance computer system. This system will generate a scheduled work order (1 month prior to due date) to perform load bank testing at 12 month intervals. Facilities Manager or designee to ensure annual requirements are met. 4. Generator preventive maintenance log will be audited quarterly for one year to ensure compliance with NFPA 99 & 110. Correction action will be initiated for any variances and findings will be reported to PIRMS/QA/QI. 5. Corrections completed 6/1/2016.	6/1/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

N-0224-003

2000 CODE

Form Approved
OMB Exempt

FIRE SAFETY SURVEY REPORT 2000 CODE - HEALTH CARE
Medicare – Medicaid

1. (A) PROVIDER NUMBER	1. (B) MEDICAID I.D. NO.
49-5416 K1	K2

PART I — Life Safety Code, New and Existing
PART IV — Waiver Recommendation Form

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGS)	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	
Ashby Ponds (Maple Grove)	A. BUILDING ____ B. WING ____ C. FLOOR 1 K3	21160 Maple Branch Terrace Ashburn, Virginia 20147	A. ✓ Fully Sprinklered (All required areas are sprinklered) B. ___ Partially Sprinklered (Not all required areas are sprinklered) C. ___ None (No sprinkler system) K0180

3. SURVEY FOR	4. DATE OF SURVEY	DATE OF PLAN APPROVAL	SURVEY UNDER
✓ MEDICARE ✓ MEDICAID	05/31/2016 K4	11/09/2012 K6	5. ___ 2000 EXISTING 6. ✓ 2000 NEW K7

5. SURVEY FOR CERTIFICATION OF

1. ___ HOSPITAL 2. ✓ SKILLED/NURSING FACILITY 4. ___ ICF/MR UNDER HEALTH CARE 5. ___ HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ___ ENTIRE FACILITY 2. ✓ DISTINCT PART OF (SPECIFY) 1st Floor

3. ___ IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. ___ YES b. ✓ NO

6. BED COMPOSITION a. TOTAL NO. OF BEDS IN THE FACILITY	b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE	c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE	d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID	e. NUMBER OF NF or ICF/MR BEDS CERTIFIED FOR MEDICAID
44	44	44		

7. A. ✓ THE FACILITY MEETS, BASED UPON (CHECK ALL APPROPRIATE BOXES)

1. ___ COMPLIANCE WITH ALL PROVISIONS 2. ✓ ACCEPTANCE OF A PLAN OF CORRECTION 3. ___ RECOMMENDED WAIVERS 4. ___ FSES 5. ___ PERFORMANCE BASED DESIGN

B. ___ THE FACILITY DOES NOT MEET THE STANDARD

K9

SURVEYOR *(Signature)*	TITLE	OFFICE	DATE
SURVEYOR ID K10 27182	Fire Marshal Manager	SFMO - Northern	06/17/2016
FIRE AUTHORITY OFFICIAL *(Signature)*	TITLE	OFFICE	DATE

FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS-2786 FORMS)

N-0224-003

PROVIDER NUMBER	FACILITY NAME	SURVEY DATE
K1 49-5416	Ashby Ponds (maple Grove)	* K4 05/31/16

K6 DATE OF PLAN APPROVAL: 11/09/2012

K3 MULTIPLE CONSTRUCTION

TOTAL NUMBER OF BUILDINGS: 1

NUMBER OF THIS BUILDING: 1

[C]

A BUILDING
B WING
C FLOOR
D APARTMENT UNIT

LSC FORM INDICATOR

Health Care Form		
12	2786R	2000 EXISTING
13	2786R	2000 NEW

ASC Form		
14	2786U	2000 EXISTING
15	2786U	2000 NEW

ICF/MR Form		
16	2786V, W, X	2000 EXISTING
17	2786V, W, X	2000 NEW

* K7 [13] SELECT NUMBER OF FORM USED FROM ABOVE

COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21

SMALL (16 BEDS OR LESS)

K8: [ ] 1 PROMPT 2 SLOW 3 IMPRACTICAL

LARGE

K8: [ ] 4 PROMPT 5 SLOW 6 IMPRACTICAL

APARTMENT HOUSE

K8: [ ] 7 PROMPT 8 SLOW 9 IMPRACTICAL

(Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.)

K29: [ ] K56: [ ]

ENTER E – SCORE HERE

K5: [ ] e.g. 2.5

*K9: FACILITY MEETS LSC BASED ON *(Check all that apply)*

A1. [ ] (COMP. WITH ALL PROVISIONS)
A2. [✓] (ACCEPTABLE POC)
A3. [ ] (WAIVERS)
A4. [ ] (FSES)
A5. [ ] (PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC

B. [ ]

K0180

A. [✓] FULLY SPRINKLERED (All required areas are sprinklered)
B. [ ] PARTIALLY SPRINKLERED (Not all required areas are sprinklered)
C. [ ] NONE (No sprinkler system)

* MANDATORY

Ashby Ponds

WD File

August 27, 2016

Wietske G Wiegel-Delano, LTC Supervisor
Division of Long Term Care
Office of Licensure and Certification
9960 Mayland Drive, Suite 401
Richmond, VA 23233
VIA FAX: 804-527-4502/Mail/E-mail

Dear Ms. Delano:

Please consider this letter as written notification of changes in leadership team members at Ashby Ponds, Inc.

Effective August 29, 2016, **Kelly D. Davis** is our **new permanent Director of Nursing** [License # 0001180601].

Effective September 4, 2016, the following changes will also take place:

> **Sandra Kuhn**, RN, will be the Staff Development Coordinator (Staff Educator).
> **Cynthia Osborne Chambers**, RN, will be the Nurse Manager.

Please include this information in the file for Ashby Ponds, Inc.

If you have any questions about this information please do not hesitate to contact me at 571-291-6210.

Sincerely,

Amy Grossman

Amy Grossman, LNHA
Director of Continuing Care (Administrator)
Ashby Ponds
21160 Maple Branch Terrace
Ashburn, VA 20147